

10/500353

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | 5 | ↓ | | ↓ | | ↓ | | TOTAL IND. | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 16 | ← | | ← | | ← | | TOTAL DEP. | ← | | ← | | ← |
| TOTAL CLAIMS | 19 | | | | | | | TOTAL CLAIMS | | | | | |